

Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
Verification Team General Notes:			
Renewal Comments:			
		Date:	Initials:
Note: Please do not write in shaded areas.			

Guideline 2:

NWS Information Reception Equipment

Warning Point	# Required _____	# Verif _____	Verif	EOC	# Required _____	# Verif _____	Verif
<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	<input type="checkbox"/> EMWIN			<input type="checkbox"/>
<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (Warning reception)			<input type="checkbox"/>	<input type="checkbox"/> Pagers* (Warning reception)			<input type="checkbox"/>
<input type="checkbox"/> Television (Local network or cable TV)			<input type="checkbox"/>	<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/> Radio (AM/FM) - EAS reception			<input type="checkbox"/>	<input type="checkbox"/> Radio (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	<input type="checkbox"/> NAWAS			<input type="checkbox"/>
<input type="checkbox"/> Internet (Subscription for alerts) _____			<input type="checkbox"/>	<input type="checkbox"/> Internet (Subscription for alerts)			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>	<input type="checkbox"/> Commercial Data			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

Date:

Initials:

Note: Please do not write in shaded areas.

Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Verification Team Notes:				
Renewal Comments:				
			Date:	Initials:
Note: Please do not write in shaded areas.				

Guideline 5: Community Preparedness					
Annual Safety Talks				# Required _____	# Verif _____
Date	Topic	Location	Speaker		
1					
2					
3					
4					
5					
List any additional safety talks on a separate sheet					
Community Tsunami Awareness Program					Verif
<input type="checkbox"/> Designate/establish tsunami shelter/area in safe zone.					<input type="checkbox"/>
<input type="checkbox"/> Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs.					<input type="checkbox"/>
<input type="checkbox"/> Provide written, locally specific tsunami hazard response material to public.					<input type="checkbox"/>
<input type="checkbox"/> Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students.					<input type="checkbox"/>
Number of annual tsunami awareness campaigns: _____					<input type="checkbox"/>
Weather Radio Purchase Program					
Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____					
If yes, provide details:					
Other Community Preparedness Activities					
Date	Activity	Location	Organizer		
1					
2					
3					
List any additional activities on a separate sheet					
Renewal Comments:					
				Date:	Initials:
Note: Please do not write in shaded areas.					

Guideline 6: Administrative Tools/Record Keeping		Verif	Renewal
Formal Tsunami Hazard and Hazardous Weather Operations Plan	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
< Procedure for reporting storm/tsunami damage to the local National Weather Service Office in real-time	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
< EOC Activation Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
< Spotter Activation Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
< Local Warning System(s) Activation Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Spotter Roster and Training Record	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office		<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community		<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers		<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (For populations >40,000)		<input type="checkbox"/> Annual	
Exercises	Topic(s):	Date:	<input type="checkbox"/> Date:
List any additional descriptions, narratives, or documentation on a separate sheet			
Verification Team Notes:			
Renewal Comments:			
		Date:	Initials:
Signature of Applying Official			
Application Submitted by (print name):			
Office:		Title:	
Signature:		Date:	
NWS Personnel Receiving Application (print name):			
Date Received:			
Note: Please do not write in shaded areas.			

Site Verification Team Signatures

Print Name:

Office:

Title:

Signature:

Date:

Print Name:

Office:

Title:

Signature:

Date:

Print Name:

Office:

Title:

Signature:

Date:

Print Name:

Office:

Title:

Signature:

Date:

Signature in Renewal Year

Application Submitted by: (print name):

Office:

Title:

Signature:

Date:

NWS Personnel Receiving Application (print name):

Date Received: